GP WEALTH MANAGEMENT
INDEPENDENT THINKING WORKING FOR YOU

Reset Form

Non-Financial Account Changes Form

☑ Must be completed for "Client Name" Plans ("Intermediary" Plans may require prescribed forms)

❶ Client Information *(Please check one box and print name in full)*

Account Holder *(please check one box and print name in full)* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Corporate

Last Name ______ First Name ______ Initial ______ DOB (MM/DD/YYYY) ______

Co-Account Holder *(please check one box and print name in full)* ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Corporate

Last Name ______ First Name ______ Initial ______ DOB (MM/DD/YYYY) ______

❷ Non-Financial Changes

Important Notice: All information must be completed first and then signed by the account holder to be valid.

☐ **Change Registered Address**

☐ **Add Mailing Address**

☐ **Change Mailing Address**

Address: ______

City: ______ Province: ______ Postal Code: ______

Contact Number: ______ Email: ______

☐ **New Banking Info**

☐ **Additional Bank Info**

Financial Institution: ______ Bank No: ______ Transit No: ______ Account No: ______

Branch Address: ______ ☐ **Attach Sample Cheque**

☐ **Change Beneficiary/ Successor**

GP Plan Type/ID Number (Required) ______

Caution: Any designation made below is subject to the following: • For the purposes of this designation, spouse refers to a person recognized as your spouse or common-law partner for the purposes of the Income Tax Act (Canada). • The validity of a designation of a beneficiary or successor annuitant is subject to the applicable pension legislation and the laws of the jurisdiction where you reside, if any, permitting designations to be made otherwise than by way of a will. • In the absence of a designated beneficiary or successor annuitant, the proceeds of your Account will be paid to your estate. • Notwithstanding any designation by you to the contrary, your spouse (within the meaning of the applicable pension legislation) may automatically be entitled to the benefits under one or more of your Accounts including your Locked-in RSP/LIRA, RLSP, LIF, RLIF, PRIF or LRIF. • Your designation above will not be revoked or changed automatically by any future marriage or divorce. Should you wish to change your designated beneficiary or successor annuitant, you will have to do so by means of a new designation. • Any designation made above shall apply to this Account only. If you have other accounts for which you wish to designate a beneficiary or successor annuitant, you must complete a separate designation for each of these accounts.

Designation of Successor Annuitant/Holder (Spouse or Common Law Only) ☐ RRIF ☐ TFSA

In the event of my death, I elect that payments from my Plan will continue to my spouse named below, if he/she survives me and is my spouse on the date of my death.

Last Name	First Name	S.I.N. (Required for RRIF/TFSA)	DOB (MM/DD/YYYY)	Relationship

Designation of Beneficiary ☐ Registered Account ☐ In Trust For (ITF)

If I have designated my spouse as successor annuitant, the following beneficiary designation will be effective only if my spouse predeceases me or is not my spouse on the date of my death. I designate the person named below as the beneficiary under the Plan, provided this person is living at the date of my death; otherwise, payment will be made to my estate. I reserve the right to revoke this designation.

Last Name	First Name	S.I.N. (Required for RRIF/TFSA)	DOB (MM/DD/YYYY)	Relationship	Account %

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☐ **Change Name** Attach one of the following documents ▶ ☐ Driver’s License ☐ Marriage Certificate ☐ Passport ☐ Other ______

Former Name: ______ Former Signature: ______

Notes: ______

❹ Account Holder(s) Signature Required

X		X	
Account Holder’s Signature	MM/DD/YYYY	Co-Account Holder’s Signature	MM/DD/YYYY

❺ Dealer/Financial Advisor Signature Required

X		
Financial Advisor Signature	FA Name & Dealer Number	MM/DD/YYYY
X		
Dealer Officer/Branch Manager Signature	DO/BM Name	MM/DD/YYYY